STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Nam	e of Lobbyist(s)	Robert	L. MASI	. 1				
II. Nan	ne of lobbyist's partn	ership, firm o	r corporation	, if any:				
	Na							
	(Name of par	rtnership, firm or	corporation)					
45	S. MANO ST	PUROL 3	550	Concor	d	ИĤ	03302	
Busines	s Address: (Street)		(Town/Ci	ty)	(St	ate)	(Zip Code)	
(6 03)	224- 2384 (Telephone)	(<i>la</i> a	3) 224.	(Fax)	e-mail _	Bushned	66C GMML Con	
reporta	is statement covers: (able expense transact reportable transaction	ions which are	not attribut	able to any or	ne client).		ile a separate report for	or
	NEW Hympsikk						parues_	
<u>OR</u>	(Full)	Name of Client a	s it appears on	the Lobbyist Re	egistration Fo	rm)		
	reportable transactions ed to any particular cli		t (including th	ne lobbyist's f	amily), or th	ne lobbying fir	m listed below which a	ire
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration to 3/3			tion to 3/31/17	July 26, 2017 ☐ /17 activity from 4/1/17 to 6/30/17				
		ber 25, 2017 [from 7/1/17 to 9		activi	January 31 ity from 10/1	, 2018 A /17 to 12/31/17		
If this b	ere have been no fe box is checked, comple rd, NH 03301.							,
VI. Ch	eck if additional repo	orts are attach	ed:					
	you have received fees	or made expen	ditures, you r	nust file Add e	endum A– l	Fees and Expe	nses	
Expens	you have paid an hono se Reimbursement							
	you, your firm, or you	r family has ma	de political co	ontributions, y	ou must file	Addendum (C– Political Contributio	ns
I have:	Statement/Affirmati read RSA 15, RSA 15 mplete to the best of n	-B, RSA 14-C	and RSA 664	and hereby sw			egoing information is tr	ue
(+	Johnsh Ma	L			113	(Date)		
(Signa	ture of lobbyist)					(Date)		-
4	Name of lobbyist)	Ast					RECEIV	ΕD
(Print	Name of lobbyist)						IANI 9 1 201	0

JAN 31 2018